



WORK EXPERIENCE INCENTIVE PROGRAM YOUTH NOTIFICATION

DATE:

TO: (Youth Name / Client ID#)

FROM: (Name)
Work Program Coordinator

SUBJECT: Application of Employment
Job Announcement Position: _____

_____ You have been selected to participate in the Work Experience Incentive Program on the _____ job site beginning on _____.

_____ You have not been selected to participate in the Work Experience Incentive Program for the following reason(s):

Please consider re-applying for this position or another position at a future date.

COMMENTS:

Work Program Coordinator

Date

Original to: Work Program Coordinator

Copies to: Worksite Supervisor
Case Manager
Program Manager
Parent/Guardian (off-campus only)
Youth Portfolio

March 2010